

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED
FEC MAIL CENTER

Office Use Only PM 12:41

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

JERRY WHITE FOR PRESIDENT 2016

ADDRESS (number and street))

PO BOX 48377



Check if different
than previously
reported. (ACC)

OAK PARK

CITY

MI

STATE

48237

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00617407

3. THIS REPORT IS FOR Primary ☐ or General ☒

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

Monthly Reports:

☐ April 15 (Q1) ☐ October 15 (Q3)
☒ July 15 (Q2) ☐ January 31 Year-End Report (YE)

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election
on / /

☐ Twelfth day report preceding election
on / / in the State of

Is this Report an Amendment?

☐ yes ☐ no

5. Covering Period

04 / 01 / 2016

through

06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jerome S. White

Signature of Treasurer

Jer P White

Date

07 / 13 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.
All previous versions of this form are obsolete and should no longer be used.

Office
Use
Only

2016-07-15 PM 08:04:50

Write or Type Committee Name

JERRY WHITE for PRESIDENT 2016

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

SUMMARY

2016-07-15 00:00:45-10

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	000
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	594703
8. SUBTOTAL (Lines 6 and 7)	594703
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	433173
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	161530
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0
13. EXPENDITURES SUBJECT TO LIMITATION	0

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	594703
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	433173

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

Page 3

NAME OF COMMITTEE (in Full)

JERRY WHITE FOR PRESIDENT 2016

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P)	0	0
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0	0
(ii) unitemized	594703	594703
(iii) Total contributions	594703	594703
(b) Political Party Committees	0	0
(c) Other Political Committees	0	0
(d) The Candidate	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	594703	594703
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0	0
(b) Other Loans	0	0
(c) TOTAL LOANS (Add 19(a) and 19(b))	0	0
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0	0
(b) Fundraising	0	0
(c) Legal and Accounting	0	0
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0	0
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	594703	594703

2016-07-15 PM 00:00:41

DETAILED SUMMARY PAGE of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

JERRY WHITE for President 2016

Report Covering the Period:

From:

04 / 01 / 2016

To:

06 / 30 / 2016

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	4331.73	4331.73
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0	0
25. FUNDRAISING DISBURSEMENTS.....	0	0
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0	0
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0	0
(b) Other Repayments.....	0	0
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0	0
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees.....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)).....	0	0
29. OTHER DISBURSEMENTS.....	0	0
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29).....	4331.73	4331.73

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED
(Attach List)

0

0

20160715 PM 08:08:41

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

ADDRESS (number and street)

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

2016-07-15 00:00:45-123

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

2016-07-15 03:00:45:14

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Rhode Island

South Carolina

South Dakota

Tennessee

Texas

Utah

Vermont

Virginia

Washington

West Virginia

Wisconsin

Wyoming

Puerto Rico

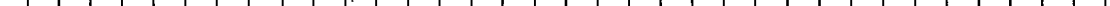
Guam

Virgin Islands

TOTALS

2016-07-15 03:00:45-15

Page 4



-
- The figure consists of 15 horizontal rectangular frames arranged vertically. Each frame contains a grid of small squares. The frames are labeled with letters and numbers on the left side: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O. Arrows point to frames A, E, and I from the left. The grid pattern changes from frame to frame, showing a sequence of transformations. The top row of each frame is a solid black bar. The subsequent rows contain a series of small squares, some of which are filled or have a different pattern, indicating a progression or a specific state at each step.

2016-07-15-300084516

INSTRUCTIONS

(Calculated from FEC Form 3P, page 2. This worksheet must be retained to support, in part, the amount reported on Line 13.)

FEC Form 3P, Worksheet, is for use by a candidate or the principal authorized committee of a candidate, to track expenditures subject to limitation during the primary campaign (52 U.S.C. § 30116(b)(1)(A)). As soon as possible after the beginning of the calendar year, the Commission will publish the adjusted limits to be used during the election cycle. The 20% fundraising exemption will be based on the published overall expenditure limitation.

Line A - From FEC Form 3P, page 2, enter the calendar year-to-date total for operating expenditures.

Line B - Enter the calendar year-to-date total of offsets to operating expenditures.

Line C - Subtract Line B from Line A.

Line D - If reports were filed in a prior year(s), from the year end report(s), enter the calendar year-to-date total for operating expenditures.

Line E - From the year-end report(s) for the prior year(s), enter the calendar year-to-date total for offsets to operating expenditures.

Line F - Subtract Line E from Line D.

Line G - From FEC Form 3P, page 2, enter the calendar year-to-date total for fundraising disbursements.

Line H - Enter the calendar year-to-date total for offsets to fundraising disbursements.

Line I - Subtract Line H from Line G to obtain the net fundraising disbursements for the current year.

Line J - If reports were filed in a prior year(s), enter the calendar year-to-date total for fundraising disbursements from the year-end report(s).

Line K - If offsets to fundraising disbursements were received in a prior year(s), enter the calendar year-to-date total from the year-end report(s).

Line L - Subtract Line K from Line J.

Line M - Add Line I and Line L.

Line N - Enter 20% of the overall expenditure limit as published by the FEC.

Line O - Subtract Line N from Line M. If the result is less than zero, enter -0-. If greater than zero, enter the amount.

Line P - Add Line C, Line F, and Line O to obtain the total of operating expenditures made by the Committee subject to 52 U.S.C. § 30116(b)(1)(A) limitation. The total reflected on Line P, "Total Expenditures Subject to limitation," is carried forward to FEC Form 3P, Page 1, Line 13.

If the candidate has authorized other political committees, the principal campaign committee must first consolidate the calendar year-to-date receipt and disbursement activity on FEC Form 3P, page 4 (Consolidated Report of Receipts and Disbursements). FEC Form 3P, Worksheet, is completed using the appropriate column totals from the current and previous calendar year (if any) consolidation reports.

20160715000845-7

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Jerry White for President 2014

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

0

2019-07-15 09:00:00

SCHEDULE B-P
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Jerry White for President 2016

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

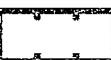
M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name



Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

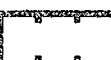
M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name



Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

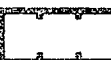
M M / D D / Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name



Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional)

Total This Period (last page this line number only)

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

**SCHEDULE C-P
LOANS**

Use separate schedule(s) for each category of
the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: ☐ 19a ☐ 19b
(check only one)

NAME OF COMMITTEE (In Full)

JERRY WHITE FOR PRESIDENT 2016

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM
LENDING INSTITUTIONS

Supplementary from Information
found on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured?

☐

No

☐

Yes

If yes, date originally incurred:

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

☐

No

☐

Yes

(Endorsers and guarantors must be reported on Schedule C-P.)

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

☐

No

☐

Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a
perfected security interest in it?

☐

No

☐

Yes

E. Are any future contributions or future receipts of interest income,
or future receipts of public financing pledged as collateral for this loan?

☐

No

☐

Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to

11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make
direct deposits of public financing payments to the depository account:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. Type or Print Name of Committee Treasurer

Signature of Treasurer _____

Date

MM	DD	YYYY
----	----	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Treasurer

Date

MM	DD	YYYY
----	----	------

2016-07-15 03:00:00

SCHEDULE D-P

DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

11
12

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

2016-07-15 PM 00:04:54

FIRMLY TO SEAL

PRIORITY MAIL EXPRESS™

SERVICE IN THE U.S.

PRESS FIRMLY TO SEAL

PRIORITY MAIL EXPRESS
POSTAGE REQUIRED

U.S. POSTAGE
PAID
BIRMINGHAM, MI
48012
JUL 14 16
AMOUNT
\$22.95
R2303S104145-06



20463



1007



EI 909753223 US

INTERNATIONALLY,
DECLARATION
IS REQUIRED.



OD: 12.5 x 9.5



000006

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811



ORIGIN (POSTAL SERVICE USE ONLY)	
POST Code 48012	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Date Accepted 7/14/16	Scheduled Date of Delivery 15
Mo. 7	Scheduled Time of Delivery <input checked="" type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM
Day 14	Postage \$ 22.95
Time Accepted 12:00 PM	Return Receipt Fee \$ 0.00
Flat Rate <input checked="" type="checkbox"/> Weight <input type="checkbox"/>	COD Fee \$ 0.00
lbs. 12.5	Insurance Fee \$ 0.00
ozs. 9.5	Total Postage and Fees \$ 22.95
Acceptance [Signature]	

FROM: (PLEASE PRINT) PHONE (248) 854-4017

Jerry White for President 2016

PO Box 48377

One Pace, MI 48237

UNITED STATES POSTAL SERVICE® Post Office To Addressee

DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. <input type="checkbox"/> Day <input type="checkbox"/>	
Delivery Attempt Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. <input type="checkbox"/> Day <input type="checkbox"/>	
Delivery Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. <input type="checkbox"/> Day <input type="checkbox"/>	
CUSTOMER USE ONLY	
<input checked="" type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Customer requests a waiver of signature. Additional merchandise insurance is void if delivery is made without obtaining signature. (For international mail, signature is required.)	
<input type="checkbox"/> PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	
Federal Agency Acct. No. or Postal Service Acct. No.	
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Holiday <input type="checkbox"/> Weekend	
Mailing Signature	

TO: (PLEASE PRINT) PHONE ()

Federal Election Commission

999 E Street, NW

Washington, DC

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 0 4 6 3 +


FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

ED STATES

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Priority Mail Express™ shipments. Misuse may be a violation of federal law. This packaging is not for resale. EPT3F © U.S. Postal Service; July 2013; All rights reserved.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/14/16
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2015)

7/15/16
DATE PREPARED

NOTED ON FILE ON 8/8/2016